Ohio Senate

Health Committee

Ohio Commission on Minority Health
2026-27 Budget Testimony

Thursday, May 8, 2025
9:30 am

Good afternoon, Chairperson Huffman, Vice Chair Johnson, Ranking Minority Member Liston and esteemed members of the Senate Health Committee. My name is Angela Dawson. I am the Executive Director of the Ohio Commission on Minority Health, where I am honored to serve.

In 1987, Ohio garnered national recognition as the first state in the nation to create a state agency set aside to address health disparities in Ohio's minority populations. The Ohio Commission on Minority Health is dedicated to eliminating disparities in minority health through innovative strategies, financial opportunities, public health promotion, legislative action, public policy, and systems change.

The Commission was charged through Amended Substitute House Bill 171 and House Bill 152 to fund grants that promote health and prevent disease among Ohio's minority populations.

The Commission funds community-based models that are culturally and linguistically appropriate, and designed to prevent cancer, cardiovascular disease, diabetes, infant mortality, substance abuse and violence which are drivers in eighty-five percent of excess deaths in racial and ethnic populations. The Commission funding supports the implementation of models designed to improve health care accessibility, prevent chronic diseases and conditions, reduce emergency room use, and demonstrate a return on investment.

The Commission has maximized state resources to address the prevention of chronic and persistent health disparities that have resulted in escalating health care costs and premature loss of life within racial and ethnic populations.

Medical advances and new technologies have provided people in America with the potential for longer, healthier lives more than ever before. However, persistent, and well-documented health disparities exist between different racial and ethnic populations and health equity remains elusive, since appropriate care is often associated with an individual's economic status, race, and gender.

Health disparities are defined as significant differences in the overall rate of disease incidence, prevalence, morbidity, and mortality rates between one population and another.

The 2024 HPIO Health Value Dashboard ranks Ohio 44th in the nation for health value. Health value is calculated by equally weighting population health and healthcare spending metrics.
The 2019 Ohio Department of Health: State Health Assessment affirms that the chronic disease burden in Ohio is greatly influenced by social determinants of health. Social determinants of health are the social, economic, and physical conditions in the environment in which people are born, live, learn, play, work, and age.

Further these determinants influence the health of people and communities and affect a wide range of health, functional and quality-of-life outcomes and risks related to chronic disease.

The 2019 HPIO Health Value Dashboard research estimates that 50% of health is attributed to the social, economic, and physical environment, 30% is attributed to health behaviors and 20% to clinical care. Access to and the availability of resources across these factors can limit or increase individual opportunities for health.

In 2020, Governor DeWine introduced Ohio's Executive Response: A Plan of Action to Advance Equity. This plan was designed "to reinforce our commitment to advancing health equity and establishing Ohio as a model for justice, equity, opportunity and resilience."

This plan was the Governor's clarion call for recommendations, evidence-informed actions, and policies that individuals, communities, local and state policy makers along with multifaceted industry leaders could implement to eliminate health disparities, racism, and advance equity.

State agency directors are expected to examine our internal and external practices in workforce development, recruitment, promotion, and retention as well as examine our funding practices for equitable distribution and improve our efforts to eliminate disparities and achieve equity.

When we look across the spectrum of chronic diseases and conditions, significant disparities for Ohio's racial and ethnic populations continue to persevere.

Infant mortality reflects the same persistent gap. Infant mortality is a measure of a community's vitality and overall well-being. The infant mortality rate is defined as the death of an infant before his or her first birthday per 1,000 live births. Healthy People 2030 recommends that a state's infant mortality rate be 5.0 per 1,000 live births.

The Ohio General Assembly has increased its attention, efforts, and budget allocations to address infant mortality. These efforts included the prioritization of improving birth outcomes, historic passage of bipartisan legislation, increased infant mortality allocations and the continued efforts of the Commission on Infant Mortality. These efforts link to the work of multiple collaboratives, partnerships, and coalitions across the state of Ohio.

Based on the Ohio Department of Children and Youth 2022 Infant Mortality Annual Report, Ohio is already significantly close to achieving the Healthy People 2030 goal of 5.0 per 1000 live births for white infants which is 5.7 per 1000 live births. However, despite these improvements, persistent disparities are still evident in Ohio's Black infant mortality rate of 13.4 per 1,000 live births, which is more than two times the White infant mortality rate for the same year.

In the 2024 March of Dimes Report Card, Ohio was ranked a D+ related to their preterm birth rate of 10.7 for all births based on 2022-2023 data. In addition, the 2021-2023 average preterm birth rate for whites was 9.8, for Asians 9.8, for Hispanics was 10.3, for American Indians was 11.2, and for Blacks was 14.7.

Infant mortality continues to be a significant cost driver in Ohio and in the nation. The cost to the US is estimated to be around $12 billion annually. This economic burden has significant implications for policy makers and society.

In an effort to reduce these exorbitant costs, the Commission has scaled the Pathways Community HUB Model in Ohio which is also implemented in 15 states across the nation. This is a nationally certified, evidence-based, peer-reviewed, pay-for-performance, care coordination model.

This model has received endorsement from the Center for Medicaid and Medicare, Center for Disease Control and Prevention, Agency for Healthcare Research and Quality, and the National Institutes of Health. In addition, this model has achieved best practice status from the Association of Maternal and Child Health Programs.

The Pathways Community HUB National Certification Program (PCHCP) promotes accountable care through the certification of HUB organizations. The Ohio HUBs are required to obtain certification as a condition of funding.

The HUBs are required to use formal and standardized processes in the delivery of community-based care coordination services. The model promotes quality care across 22 pathways to measurably improve birth outcomes and links payment to performance. The comprehensive assessment identifies the risk or issue and then opens the pathways that can address social determinants of health, or barriers to adequate and early pre-natal care.

The model's effectiveness is largely connected to the use of certified community health workers who work with the high-risk mothers and coordinate care related to appropriate and timely prenatal clinical care but also address education, employment, housing, behavioral health, and other linkages to essential services. This care coordination effort ensures that the high-risk mother has a connection to the resources that will stabilize the living environment for her infant.

The 2023 RTI report indicated that Community Health workers yield a $2.47 ROI for every dollar invested in a CHW intervention. There is a return on investment of $2.47 to the average Medicaid payor within the fiscal year.

The Pathways Community HUB Model is an example of the Commission's moving a model from a demonstration grant through replication and pilot stages and bringing a model to scale in Ohio. This model was funded by the Commission in the late 90's as a demonstration grant and replicated in Toledo in 2009 and was funded in a separate budget line in 2016 funding 3 HUBs and has been scaled to fund twelve HUBs in Ohio in 2022.

Calendar Year 2023, preliminary data resulted in approximately 2,500 high-risk pregnant women served and the delivery of 1,055 singleton births. During calendar year 2023, 27,600 pathways

were initiated and 19,690 were completed with a closure rate of 71%. The CY23 HUB statewide black singleton preterm rate was 11.8 compared to the 2024 March of Dimes Report Card statewide black preterm rate of 14.7. In addition, the CY23 HUB statewide black singleton low birth weight rate was 10.6% compared to the 2022 ODH quarterly infant mortality scorecard for statewide black low birth weight rate of 14.0.

With the funding increase in FY24, the Commission is able to serve 3,000 high risk pregnant women across the state of Ohio, targeting high risk African American pregnant women. The average cost of grant funded services per expectant mom is approximately $1,500.

This model has been scaled in Ohio to fund 12 HUBs that cover 23 counties including both Appalachian and rural counties. It is important to note that the HUBs are certified to serve in 55 counties in Ohio.

Currently, all the Ohio Medicaid Managed Care plans contract with the HUBs. An example of Medicaid cost savings is reflected in a retrospective cohort study of over 3,700 deliveries from 2013-2017, focusing on the Toledo HUB conducted by Buckeye Health Plan. This study identified a $2.36 return on investment for Medicaid recipients with per/member per/month cost savings for high, medium, and low risk members.

In addition, the study highlighted that high-risk pregnant women in the HUB's area who did not participate in the HUB's services had a 1.55 times greater likelihood of having an infant that needed Special Nursery Care or Neonatal Intensive Care Unit (NICU) Services.

According to the March of Dimes, the average length of stay for a baby admitted to the NICU is 13.2 days. The average cost of a NICU admission is $76,000 with charges exceeding $280,000 for infants born prior to 32 weeks gestation. As we seek out strategies to improve Ohio's infant mortality rates, this model has proven it is worth the investment.

To further reflect the cost savings of this model, the 2023 Ohio Community Pathway Akron HUB research report from the Journal of Contemporary Research in Social Services reflected a $4.40 return on investment in cost savings. The Better Birth Outcomes Report from the 2024 Environment and Public Health Research journal indicates that reducing prematurity rates among Akron HUB clients could lead to significant cost savings, totaling approximately $1.2 million between 2017-2022. Similar to disparities in infant mortality, chronic disease disparities also persist in Ohio.

According to the 2022 Ohio Department of Health Racial and Ethnic Disparities in Chronic Disease Report, chronic diseases such as heart disease, stroke, diabetes, and many cancers are among the most common, costly, and preventable health problems in the United States and Ohio.

In 2019, six of the 10 leading causes of death in Ohio were attributed to heart disease, cancer, chronic lower respiratory disease, stroke, diabetes, and kidney disease. Chronic disease disparities, which are *avoidable differences* in health outcomes that exist across communities, occur nationally and in Ohio for certain racial/ethnic groups.

According to the Centers for Disease Control and Prevention, because race and ethnicity are associated with other factors such as access to quality health care, stress and the impact of racism, and other social determinants of health, chronic diseases especially impact Black individuals and affect their quality of life, healthcare needs, health outcomes, and life expectancy.

Significant racial disparities exist for chronic disease mortality in Ohio. Black Ohioans have higher death rates than Ohioans of other races for most chronic diseases.

According to the 2018 Ohio Diabetes Action Plan, while the diabetes death rate decreased 15 percent from 2007-2015, the disparity between black and white remains persistent. Black Ohioans have a 77 percent higher diabetes death rate than White Ohioans. This is also observed in the difference in premature death rates before the age of 75, prevalence and related costs. (See Tables 1 – 5 ODH Data Warehouse)

In 2019, death rates were higher among Black Ohioans for heart disease, cancer, diabetes, and stroke, and more than double for kidney disease, compared with white Ohioans

- Though stroke death rates have declined for decades among all race/ethnicities, Hispanics have seen an increase in death rates since 2013.

- Asian American Pacific Islanders in Ohio experienced significantly higher incidence rates for liver and stomach cancer than Whites.

The Ohio Department of Health's - Impact of Chronic Disease Report, cites that most healthcare costs in Ohio and in the nation are associated with chronic disease and related health behaviors. Chronic diseases present a real threat to Ohio economically, both now and in the future.

The estimated annual economic impact of chronic disease in Ohio is nearly $57 billion. Much of the cost comes from the direct healthcare spending for treatment and management of these diseases and risk factors. For example, the annual healthcare cost of treating diabetes in Ohio has been estimated at $1.34 billion, $1.37 billion to treat high blood pressure and $3.65 billion to treat heart disease. As significant as these numbers are, the costs to Ohio's businesses are far greater, with more than $43 billion of the $57 billion in total costs resulting from lost productivity in the workplace.

Without action, the future looks even worse. One out of every three children born since 2000 will likely develop diabetes in their lifetime. The total cost of chronic diseases and associated risk factors could cost Ohio as much as $152 billion by 2023.

If Ohioans achieve a modest improvement in *chronic disease prevention* and early detection services, the state could save billions of dollars in healthcare spending and prevent multiple cases of chronic disease.

It is essential that we work together to prevent chronic diseases which are costly to Ohio, to that end the Commission's demonstration grant initiatives are focused on the prevention of chronic diseases and conditions within racial and ethnic populations. The Commission funds models

designed to prevent chronic diseases and conditions, eliminate health disparities, and promote equitable health outcomes that align with Healthy People 2030 national goals. The funded programs are designed to improve health care accessibility, improve health literacy, improve nutrition and physical activity, reduce emergency room use and reduce costs.

To address social determinants and achieve health equity, our chronic disease prevention programs and initiatives use data and tools to segment target populations based on burden and need and implement interventions that can effectively reach these populations.

An example is the Demonstration Grant diabetes prevention program in Cleveland that implements the CDC recommended Diabetes Prevention Program and adheres to the required clinical and non-clinical metrics from the Commission.

Demonstration grants are required to implement metrics that align with Healthy People 2030 data driven national objectives to improve health and well-being.

During FY20 and FY21, this program provided services to over 200 individuals who were at risk for diabetes and assisted 51 participants who were diagnosed as prediabetic to transition to a normal A1C. Given the current annual cost of diabetes in Ohio estimated at $15,800, this resulted in a cost saving of over $600,000 and a return on investment of $3.00 for every $1.00 invested.

The Commission also funds a demonstration grant doula program in Cleveland Ohio. Doula services have been shown to improve birth outcomes, maternal experiences, and reduce racial disparities in maternal and infant outcomes. Doula services are associated with fewer low birth weight babies, lower pre-term birth rates, and higher breastfeeding initiation rates. In addition, these services have demonstrated improved maternal experiences, higher maternal engagement in care, and improved health equity through the provision of culturally contextual and competent care. During FY24 the program served over 300 high risk pregnant women providing care coordination services. The program's preterm birth rate outcomes reflected a Black preterm birth rate of 8.7% compared to Ohio's Black preterm birth rate of 14.7%. The program's low birth weight rate outcomes reflected an African American low birth rate of 10.3% compared to the Cleveland low birth weight rate of 16.3.

The Commission provides monitoring and oversight of grantee program progress in several ways:

- Grantees are required to submit quarterly program, evaluation, and expense reports.
- Staff conduct annual administrative compliance reviews and provide technical assistance as needed.
- Staff conduct monthly meetings with grant funded organizations to provide technical assistance and collaborative efforts across grant types.
- The Commission provides grantees capacity building to enhance grant implementation, monitoring, and evaluation efforts.

- The Commission will provide on-site program and fiscal visits that involve the observation of service delivery, review of program and evaluation mechanisms as well as the review of internal fiscal procedures as needed.

- The Research Evaluation Enhancement Program (REEP) provides evaluation oversight of major grant programs on an ongoing basis. REEP is a statewide network of academic and community researchers and evaluators.

The Commission continues to participate in multiple collaborative opportunities with sister state agencies and policy organizations which have included participation in the following:

- Eliminating Disparities in Infant Mortality Task Force
- Health Policy Institute of Ohio (HPIO) Workgroups
- Ohio Commission on Infant Mortality
- Ohio Collaborative to Prevent Infant Mortality (OCPIM)
- Ohio Medicaid Assessment Survey (OMAS)
- Ohio Department of Health (ODH) - Home Visiting Consortium
- The Ohio Department of Health (ODH) Maternal Child Health (MCH)/ Maternal, Infant and Early Childhood Home Visiting (MIECHV) Steering Committee
- Ohio Department of Health – Asthma Improvement Collaborative
- The ODH Maternal and Child Health Block Grant, Children and Youth with Special Health Care Needs (CYSHCN) workgroup
- Disparities and Cultural Competence (DACC)
- Ohio Partners for Cancer Control (OPCC)

2026/2027 As Introduced Budget

The Governor's recommended funding level will allow the Commission to maintain our six grant programs at the FY25 funding levels and maintain the current staffing level of six to ensure oversight of the day-to-day agency operations, grants management and administrative rule compliance.

The Commission continues to be a good steward of the state's resources through focused efforts to increase access to chronic disease prevention programs and expansion of care coordination efforts to reduce preterm birth, which can yield improved health outcomes and a return on investment.

Untreated chronic diseases and unaddressed disparities will continue to result in uncontrollable healthcare costs for Ohio. According to the Health Policy Institute of Ohio, to improve health value, Ohio must address the many factors that impact population health outcomes and healthcare costs.

The 2023 HPIO Report, Unlocking Ohio's economic potential: The Impact of eliminating racial disparities on Ohio's businesses, governments and communities highlights that researchers estimate that by 2050 if Ohio eliminates disparities, Ohio could gain $79 billion in economic output each year.

The future health of our state and our nation as a whole will be largely determined by how effectively we work with businesses, governments, and communities across Ohio to reduce and eliminate health disparities between non-minority and minority populations, with minority populations experiencing disproportionate burdens of disease, disability, and premature death.

In summary, the Commission has been visible and active in state and national efforts to reduce minority health disparities and its associated costs. We appreciate the support of our mission and the opportunity to share with you today.

I would like to inform you that I have a profound bilateral hearing loss which will likely require me to ask you to repeat your questions. Thank you in advance for your accommodation. I will be happy to answer any questions you may have at this time.

Table 1

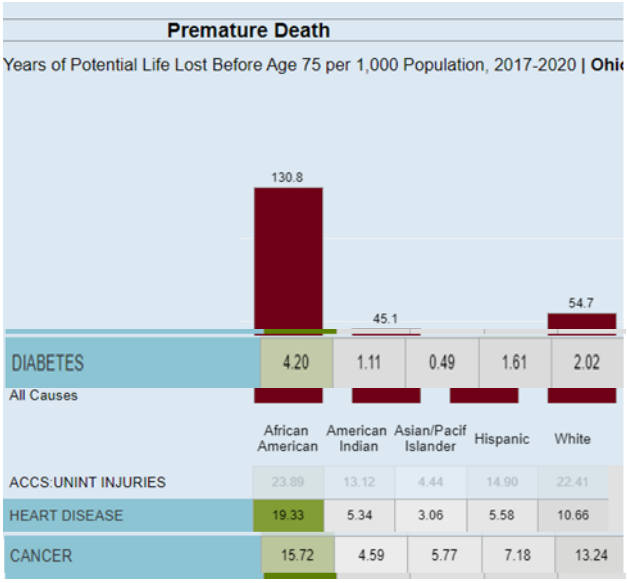
Cause of Death: Diabetes Mellitus

Total Population:	28.3
African American (non-Hispanic):	48.8
White (non-Hispanic):	26.4

Annual age-adjusted mortality rates for the leading causes of death, per 100,000 population, Ohio
Source: Ohio Public Health Data Warehouse

ODH 2020 Comparison of African American and White Mortality Rates

Table 2



ODH Data Warehouse retrieved 2/2023

Table 3 - ODH Data Warehouse retrieved 2/2023

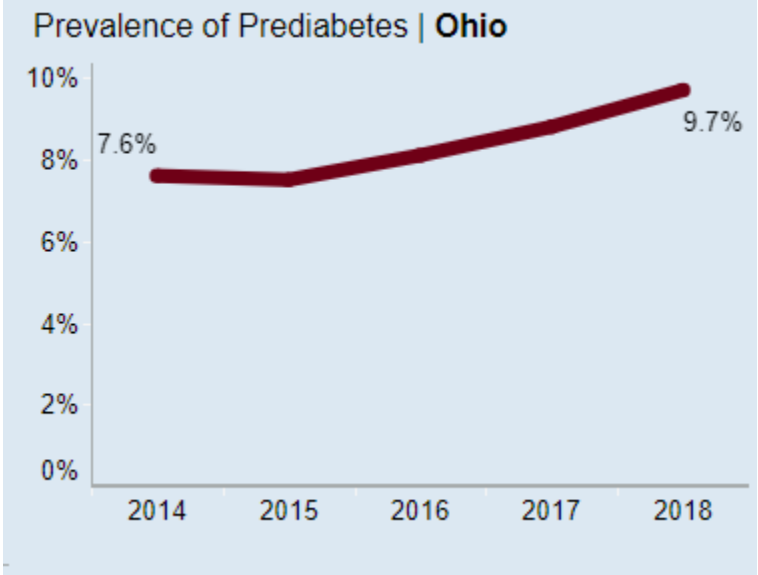


Table 4 - ODH Data Warehouse retrieved 2/2023

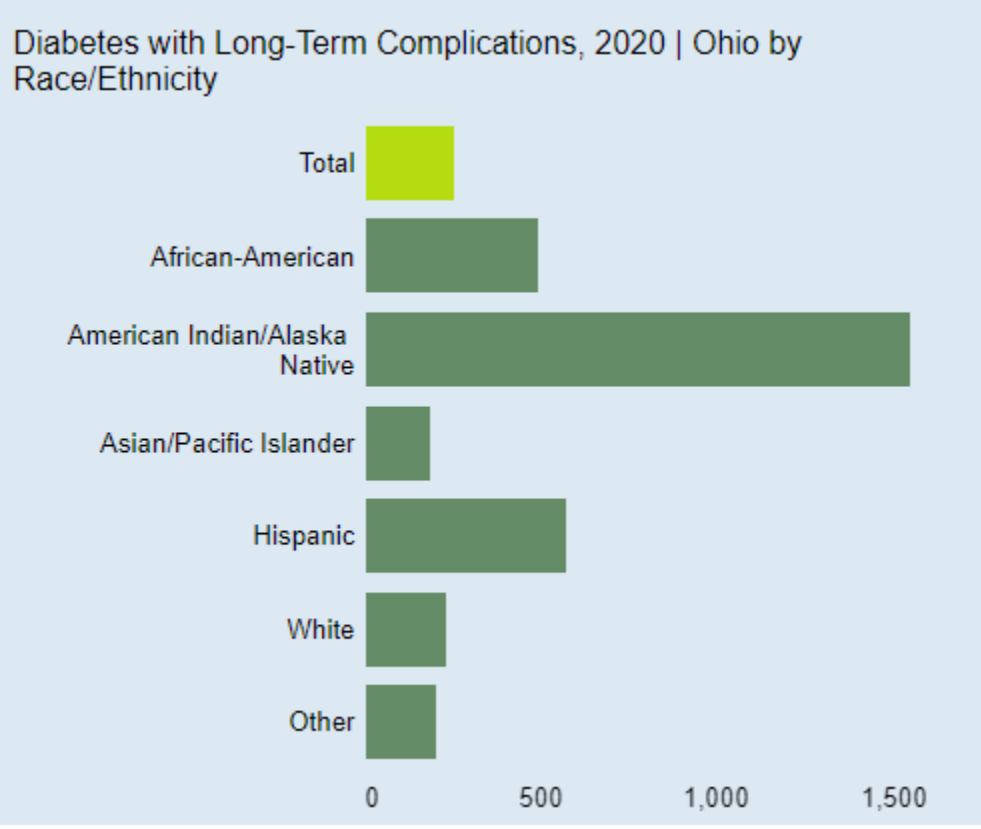
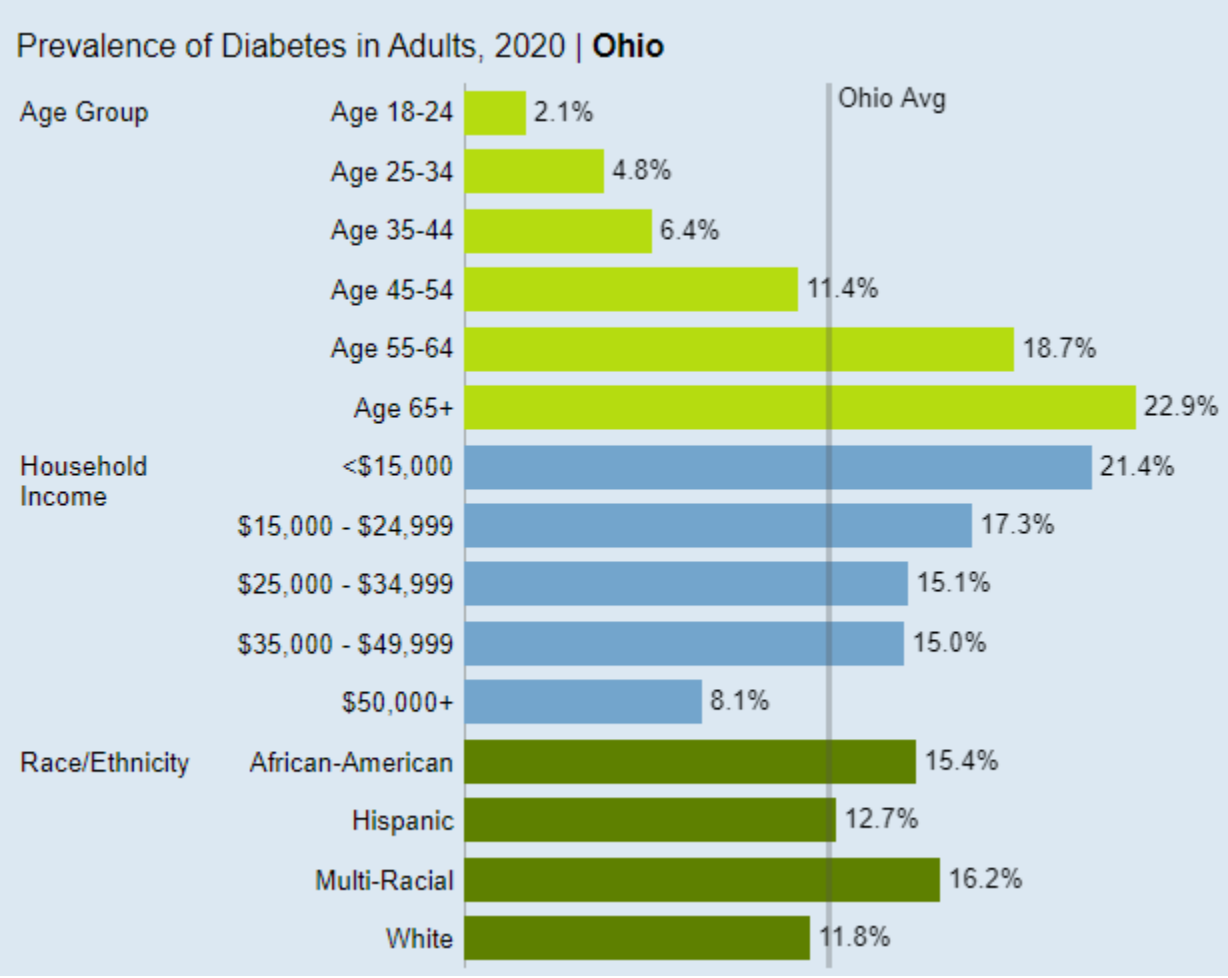


Table 5 - ODH Data Warehouse retrieved 2/2023



Commission on Minority Health

FY 2026- FY 2027 Budget Testimony Data Charts

OCMH – Testimony – Additional Information

Commission significant accomplishments and firsts:

- The creation of Minority Health Month in 1989. This high visibility, statewide wellness campaign which is held each year in April became a national initiative in 2000.
- The creation of the National Association of State Offices of Minority Health (NASOMH) in 2005. Supported the initiation of 35 state offices of Minority Health.
- The creation of a local level infrastructure for minority health by funding Local Offices of Minority Health as well as the creation of national performance standards for the local offices in collaboration with NASOMH.
- The creation of the Research Evaluation Enhancement Project (REEP). REEP is a statewide network of academic and community researchers and evaluators who provide oversight to the evaluation components of the Commission's major grant projects, as well as to promote capacity building.

Sustainability of funded efforts

The Commission provides capacity building training for grantees to support the sustainability of programming efforts. Some examples of sustained efforts are as follows:

- Asian Services in Action, Inc. (ASIA) located in Akron, received initial funding from the Commission and began as a pilot project funded to serve Asian communities. In 2015, we celebrated with ASIA when they opened their International Community Health Center.

- Community Health Access Project (CHAP) located in Mansfield was provided initial funding from the Commission in the late 90's. CHAP has developed what is now a nationally recognized model of community-based care coordination.

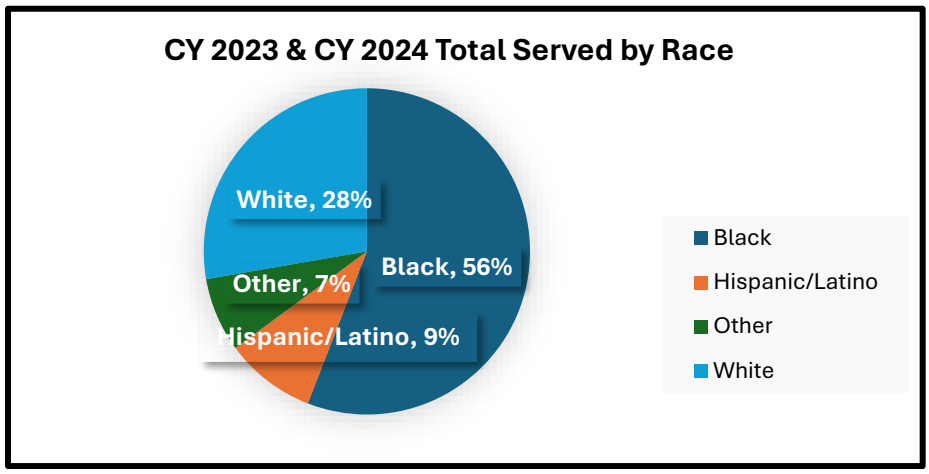
- In FY16, the Commission received increased funding support to initiate the expansion of this model from 3 HUBs to 6 HUBs in Ohio. This model targets high risk African American women who have the worst birth outcomes in the Ohio. Senate Bill 332 required the Commission to identify communities across the state that would benefit from the HUB model. In partnership with the Ohio State University, Kirwan Institute for the Study of Race and Ethnicity, the Commission identified 12 communities. The Commission has fully scaled this model to 12 HUBs across the state of Ohio serving up to 3,000 high risk pregnant women annually through increased funding support. This model has been expanded through additional GRF and managed care contracts.

FY23 - FY24 and CY23 – CY24

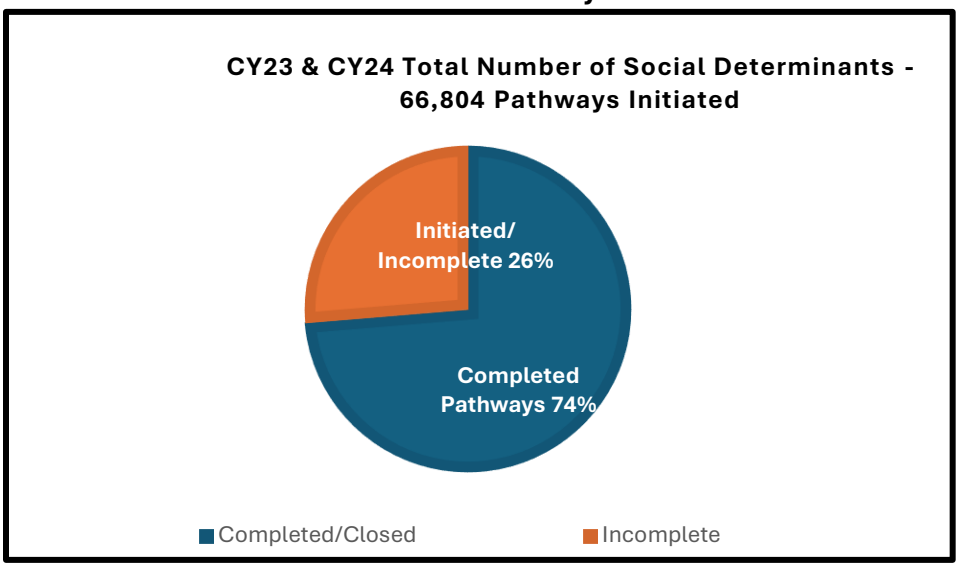
Approximately 82,600 Ohioans received services through Commission funded projects during 2023 and 2024. Commission funded projects serve all Ohioans who present for services. Listed below are the age, gender, and ethnic breakdowns for specific grant initiatives, which can be found in the attached pie charts.

CY 2023 & CY 2024 Infant Mortality HUB Grants

CY23 & CY24 Infant Mortality HUB Grants served 5,458 high-risk pregnant Ohioans

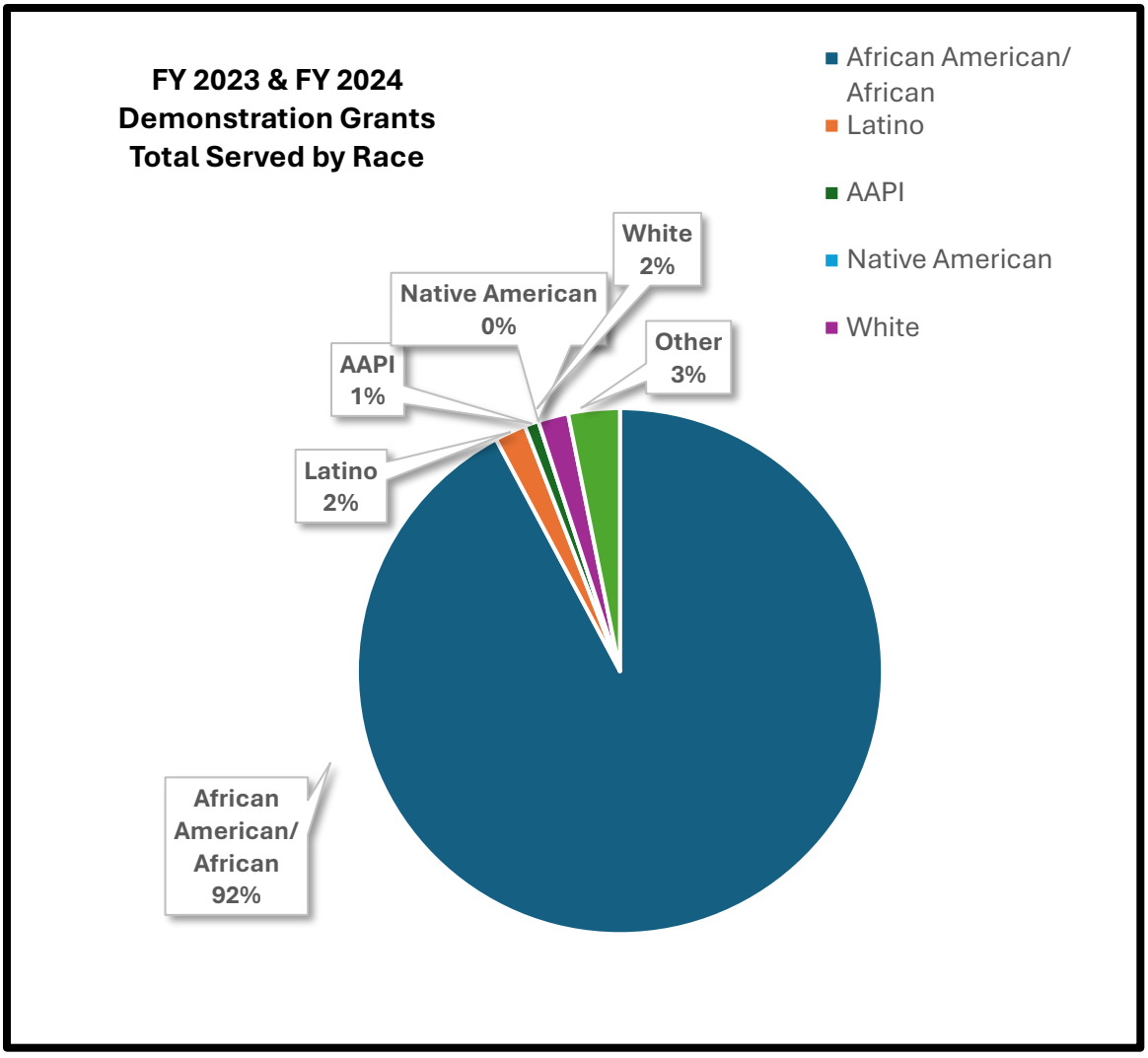


Total number of Social Determinant Pathways Initiated for CY23 & CY24

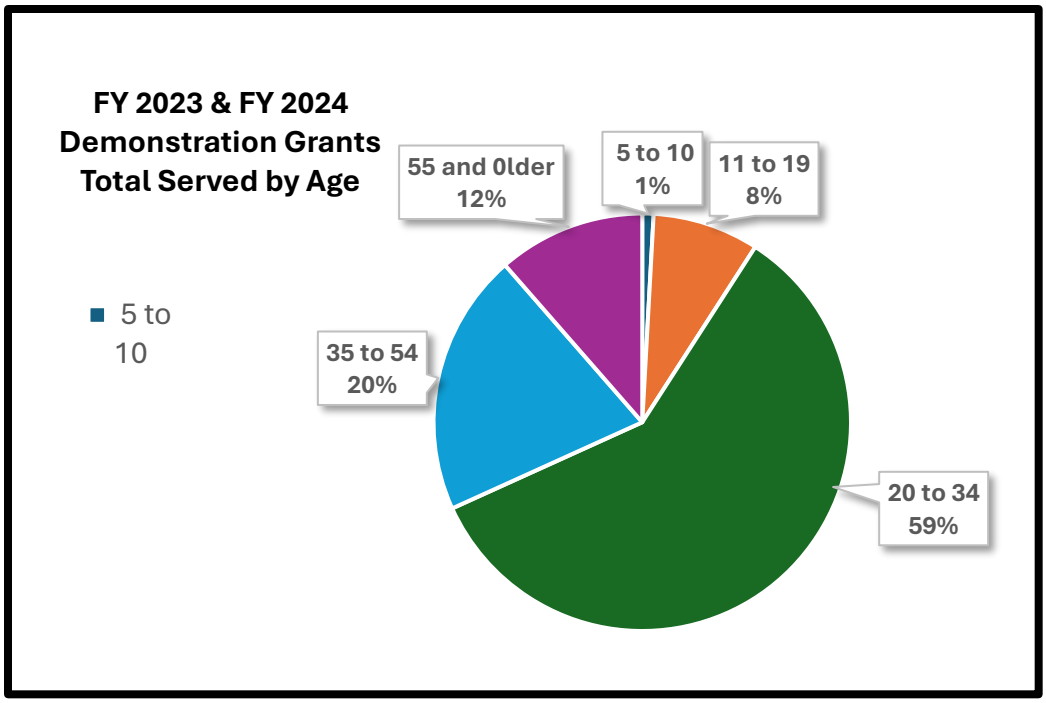


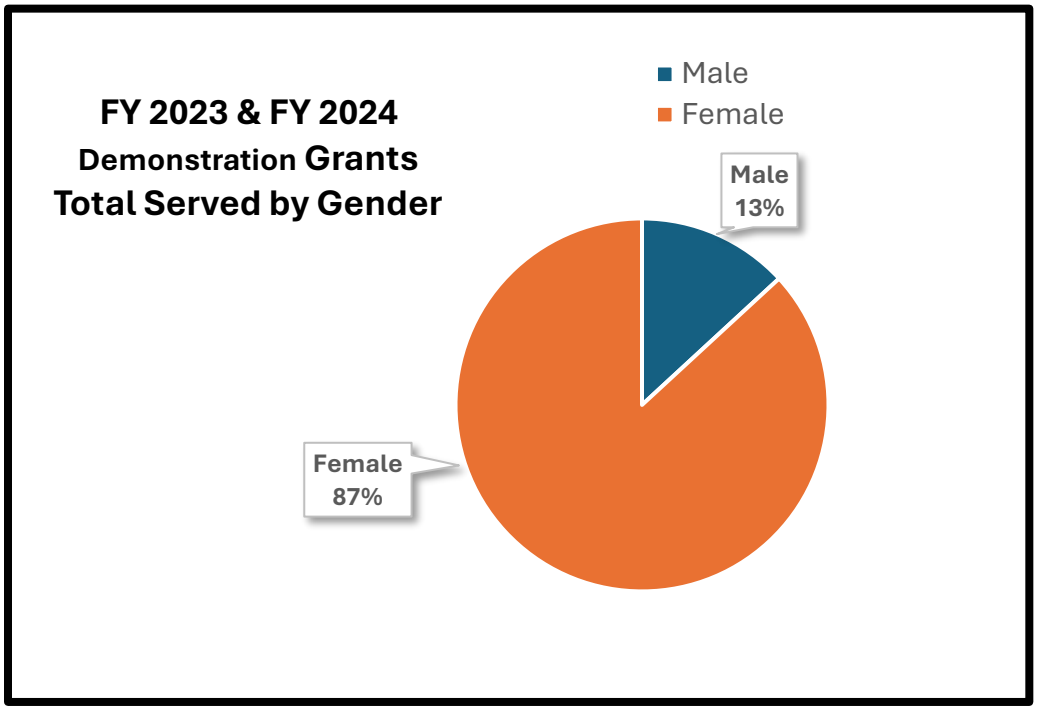
FY 2023 & FY 2024
Demonstration (MIH) Grant Program
1,602 Ohioans Served

This grant provides funding for two-year projects for the prevention of cancer, cardiovascular disease, diabetes, infant mortality, substance abuse, and violence.

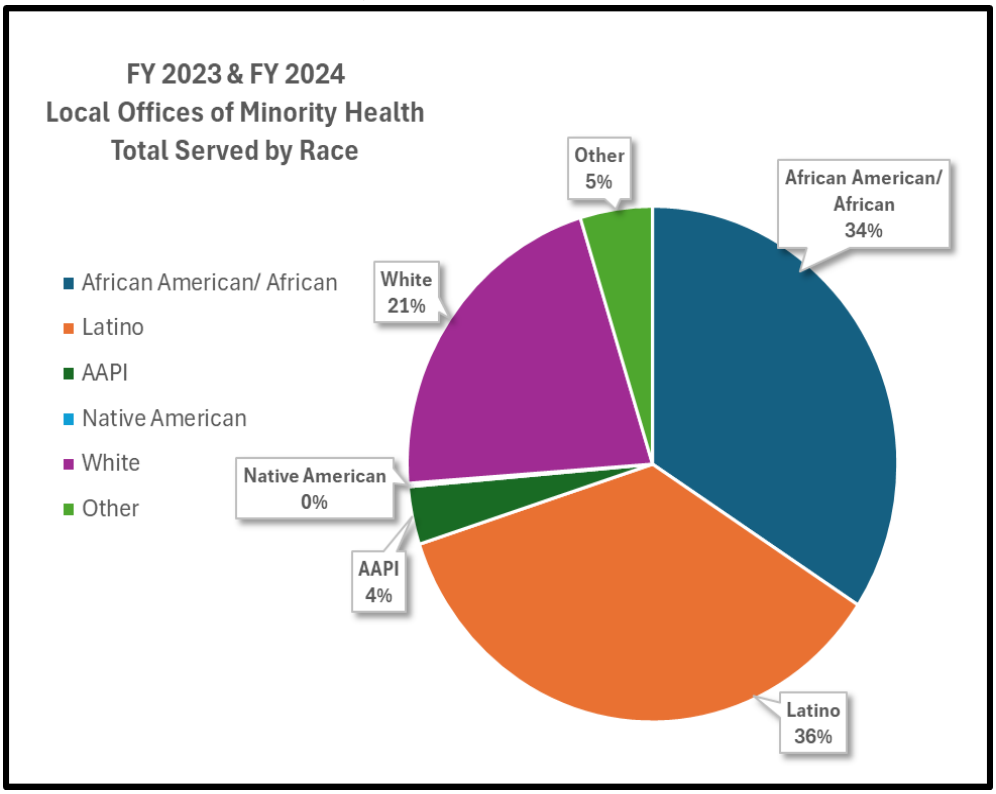


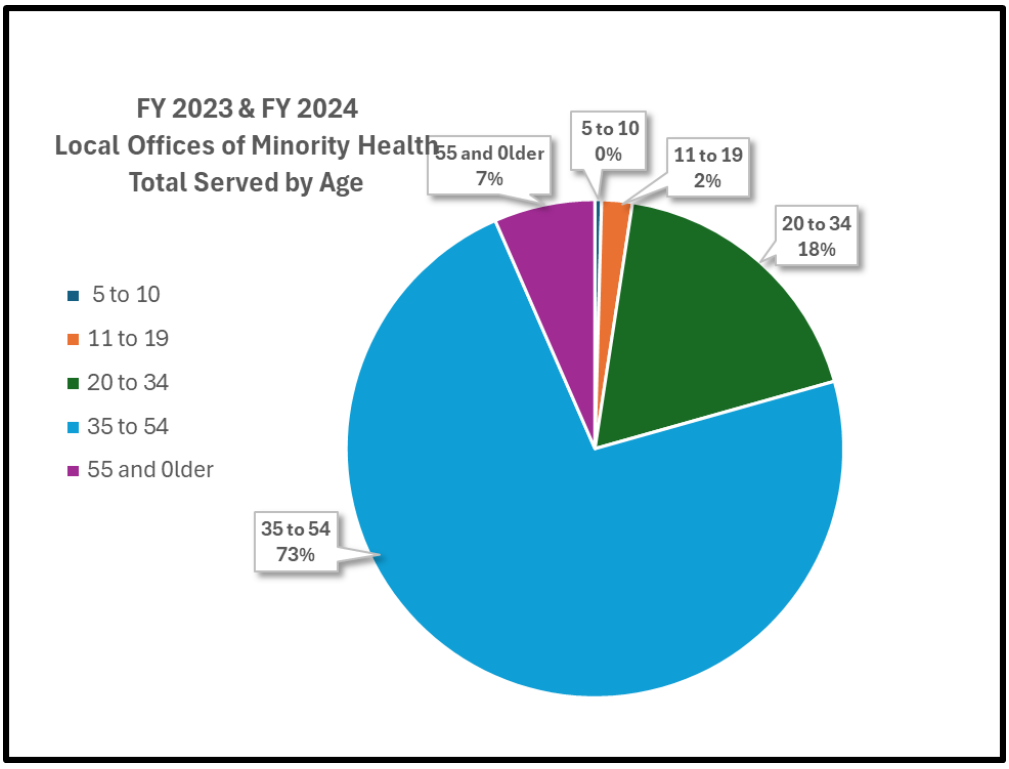
Demonstration (MIH) Grants cont.

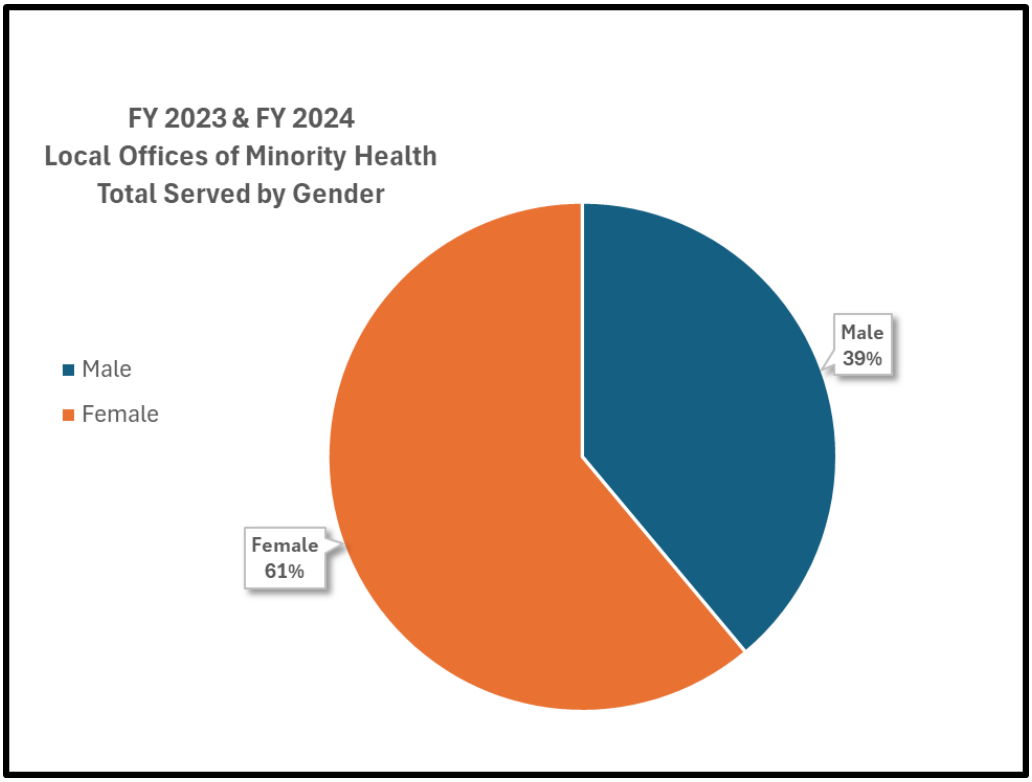

FY 2023 & FY 2024
Demonstration Grants
Total Served by Age
5 to 10
55 and 0lder 12%
5 to 10 1%
11 to 19 8%
35 to 54 20%
20 to 34 59%


FY 2023 & FY 2024
Demonstration Grants
Total Served by Gender
Male
Female
Male 13%
Female 87%

FY 2023 & FY 2024
Local Offices of Minority Health (MIHL)
69,297 Ohioans Served





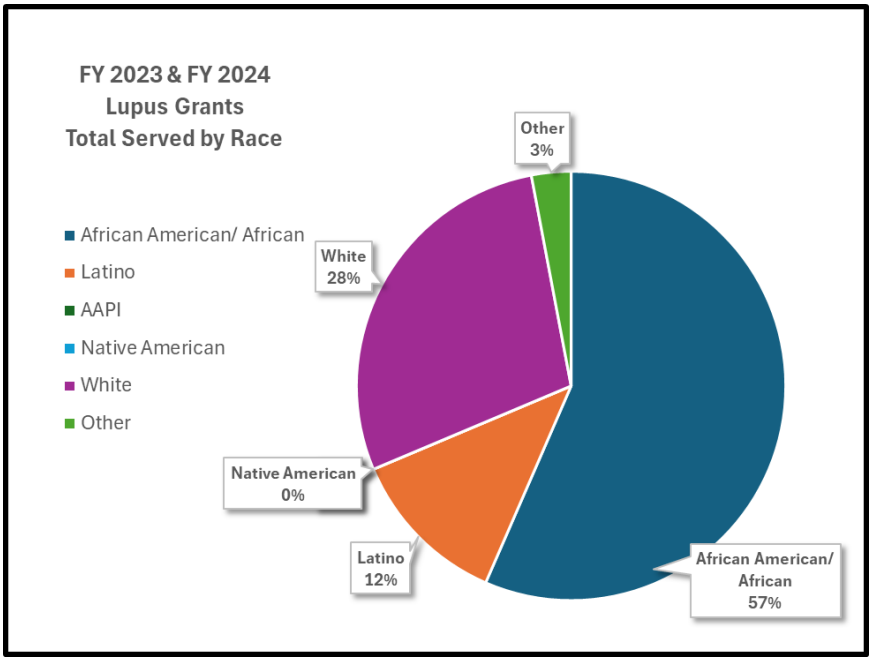


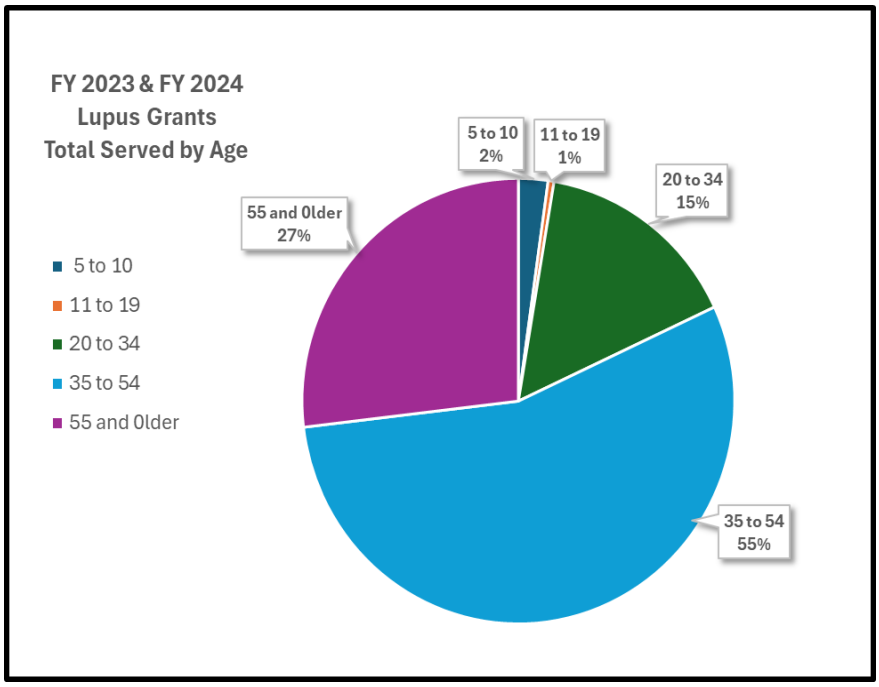
FY 2023 & FY 2024

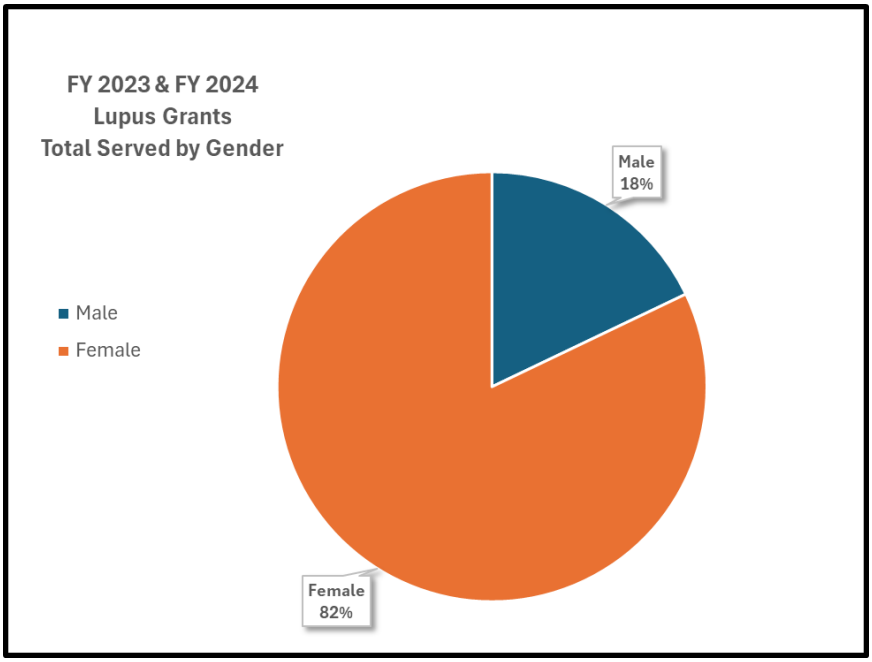
Systemic Lupus Erythematosus (SLE) Grants

437 Ohioans Served

This grant funding provides optimal health support group services to individuals with Lupus and their caregivers to improve health literacy and provide support.




FY 2023 & FY 2024
Lupus Grants
Total Served by Age
5 to 10
11 to 19
20 to 34
35 to 54
55 and Older
5 to 10 2%
11 to 19 1%
20 to 34 15%
35 to 54 55%
55 and Older 27%


FY 2023 & FY 2024
Lupus Grants
Total Served by Gender
Male
Female
Male 18%
Female 82%

FY 2023 & FY 2024
Minority Health Month (MHM) Grants
5,892 Ohioans Served
This funding supports mini grants for Minority Health Month